Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/23/14	Street:	Cottage Ave. @ Jefferson St.
Incident #:	14ISPC009161	Apt, Lot, Room #:	
County:	Elkhart	City:	Goshen, IN
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Vunknown			
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
 ☑ One Pot or Birch Reaction(s):		Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):	
Child under age 18 discovered (check appropriate)			
☐ Yes (number present) ☐ No ☐ Children not present but evidence they reside or visit often		Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Additional Information:	
Vehicle, Travel Trailer, RV or Watercraft Information:			
Owner: VIN: Year:		Make: Model: Color:	
This report has been faxed* or emailed to the following agencies that serve the location:			
Fire Departme	ent: Goshen FD	Fax: ricl	kkauffman@goshencity.com
Health Department County: Elkhart County Fax: Jhulewicz@elkhartcounty.com Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Keith Bikowski Phone 574-546-4900			

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.